

## **EMPLOYMENT APPLICATION**

PLEASE PRINT CLEARLY. ANSWER ALL QUESTIONS.

LAST, FIRST, MIDDLE NAME							E	EMAIL					
NUMBER, STREET ADDRESS							(	PHONE ( )					
CIT	Y, STATE,	ZIP					١,	NERE YOU REFE	RRED BY A CU	IRRENT EMPLOYEE?			
							_	YES NO WHO?					
HAVE YOU WOR	KED FOR U	S IN THE PAS	ST? YES	NO									
WHEN? WHERE?													
				PL	ACEMENT	INFORM	ATION						
POSITION APPLY	ING FOR					ТОТ	AL HOURS	DURS REQUESTED PER WEEK WAGE REQUIREMENT \$					
LOCATION APPL													
☐ HOLIDAY INN			CLARION		☐ THE OXBO			STAYBRIDGE SUITES  HOLIDAY INN EXPRESS HALLIE					
☐ JOHNNY'S ITA	ALIAN STEA	KHOUSE	GREEN M	IILL	☐ THE LAKEL	_Y	L CAN	DLEWOOD SUIT	ES UHO	LIDAY INN EXPRESS RICE LAKE			
		s	М	Т	w	Т	F	S					
HOURS	FROM								WHEN COUL	LD YOU START WORK?			
AVAILABLE	TO								_				
	то												
				G	ENERAL I	NFORMA	TION						
ARE YOU 16 YEA	ARS OF AGI	E OR OLDER	? 🗌 YES 🔲 I	NO IF NOT	, CAN YOU FUR	RNISH A WOF	K PERMIT	? Tyes N	0				
Do you have a	LEGAL RIG	HT TO WOR	K IN THE U.S.?	YES	NO								
HAVE YOU BEEN (CONVICTION WILL							S RELATED	TO THE JOB IN QUE	STION)				
(CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. IT WILL BE CONSIDERED ONLY AS RELATED TO THE JOB IN QUESTION)  EDUCATION/QUALIFICATIONS													
	SCHOO	L			LOCATIO	ON	DIPLOMA, DEGREE, LICENSES, TRAINING, ET						
									,				
LIST SKILLS YOU	HAVE REL	ATED TO TH	E JOB YOU ARE	SEEKING									
EMPLOYMENT HISTORY													
COMPANY NAME	:	BEGIN WI	TH MOST RECE	ENT OR PRE	SENT EMPLO		DE MILIT <i>A</i> MPANY PH	RY, SELF-EMPI	LOYMENT, ET	C.			
COMPANY NAME							)						
ADDRESS						EM	( ) EMPLOYED (MONTH & YEAR)						
FF							OM:	t: TO:					
SUPERVISOR'S NAME						НО	JRLY PAY						
						STA	ART: END:						
JOB TITLE - DESCRIBE YOUR WORK						RE	REASON FOR LEAVING						
l													

COMPANY NAME	COMPANY PHONE						
ADDRESS	EMPLOYED (MONTH & YEAR)						
	, , ,						
	FROM: TO:						
SUPERVISOR'S NAME	HOURLY PAY						
	START: END:						
JOB TITLE - DESCRIBE YOUR WORK	REASON FOR LEAVING						
COMPANY NAME	COMPANY PHONE						
ADDRESS	EMPLOYED (MONTH & YEAR)						
	, ,						
CHDED/ICOD'S NAME	FROM: TO:						
SUPERVISOR'S NAME	HOURLY PAY						
	START: END:						
JOB TITLE - DESCRIBE YOUR WORK	REASON FOR LEAVING						
REFERENC	ES						
LIST THREE NON-RELATIVES YOU HAVE WORKED WITH AND W							
NAME	PHONE PHONE						
COMPANY & TITLE	( )						
COMPANY & TITLE							
NAME	PHONE						
2	( )						
COMPANY & TITLE							
NAME	PHONE						
IVAIVIL	THORE						
	( )						
COMPANY & TITLE							
Di sans Dean Desent Cinamia							
PLEASE READ BEFORE SIGNING	nto are true and correct and haraby and series was to contact						
I hereby certify that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools and any other sources of information which may be relevant to my application for employment.							
It is understood and agreed that any misrepresentation, false statement, or omissions by me in this application will be sufficient reason for rejection of							
my application or for dismissal at any time during my employment, without liability	to the company. I further understand that no representative of the						
company has the authority to enter into any agreement for employment for any specified period of time and that the company is not guaranteeing							

employment for anyone. No employment contract is created by virtue of my being hired by the company. I understand that this application will remain on file for the legally required time period for consideration. After that time, if I am still interested in a position with the company, it will be necessary for me to complete a new application form.

SIGNATURE

We are an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, we intend to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

Please return completed application to the property you are applying at. You may also mail completed application to our office at 3502 Oakwood Mall Drive, Eau Claire, WI 54701 or email to opportunities@larsonmanagement.com.

RECEIVED	1 <sup>ST</sup> INTERVIEW	DEPARTMENT	DEPT MGR APPROVAL	2 <sup>ND</sup> INTERVIEW	OFFER	START